

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012288</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/25/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAMPLIGHT INN OF FORT WAYNE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 E WASHINGTON BLVD FORT WAYNE, IN 46802</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) for State Residential Licensure Survey completed on 5/29/14.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00149926 completed on 5/29/14.</p> <p>Complaint IN00149926 - Corrected</p> <p>Survey dates: July 24 and 25, 2014</p> <p>Facility number: 012288 Provider number: N/A AIM number: N/A</p> <p>Survey Team: Julie Call, RN, TC Sue Brooker, RD Martha Saull, RN Virginia Terveer, RN</p> <p>Census Bed Type: Residential: 139 Total: 139</p> <p>Census payor type: Medicaid: 95 Private: 44 Total: 139</p> <p>Lamplight Inn of Fort Wayne was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Licensure Survey and the PSR to the Investigation of Complaint IN00149926.</p> <p>Quality review completed by Debora Barth, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE